



# Solid Waste Management Facility

## PBR Application Form

☐ New Facility ☐ PBR Modification

### I. FACILITY INFORMATION

A. Facility Location										Permit No. PBR	
Facility Name:											
Address:											
City:				State:				Zip:			
Latitude:		Deg		Min		Sec		North			
Longitude:		Deg		Min		Sec		West			
B. Facility Contact Information											
Contact Person:						Title:					
Contact Phone:						E-mail:					
Owner						Operator:					
Address:						Address:					
City:		State:		Zip:		City:		State:		Zip:	

### II. OPERATIONAL INFORMATION

A. Facility Type and Capacity											
Facility Type: (check all that apply)		<input type="checkbox"/> Compost Facility: <input type="checkbox"/> Type A or <input type="checkbox"/> Type B Feedstocks: <input type="checkbox"/> Category I <input type="checkbox"/> Category II <input type="checkbox"/> Category III <input type="checkbox"/> Category IV <input type="checkbox"/> Centralized Waste Treatment Facility <input type="checkbox"/> Transfer Station <input type="checkbox"/> Incineration Facility <input type="checkbox"/> Waste Pile <input type="checkbox"/> Materials Recovery Facility <input type="checkbox"/> Waste to Energy Facility <input type="checkbox"/> Thermal Treatment Facility									
		Total Property Acreage:				acres		Facility Boundary:		acres	
		Process Rate:		tons per day		Storage Capacity:		Solid waste: cubic yards			
								Recovered material: cubic yards			
		Hours of Operation:									
B. Types of Wastes to be Accepted (check all that apply)											
<input type="checkbox"/> Agricultural Waste			<input type="checkbox"/> Debris Waste			<input type="checkbox"/> Municipal Solid Waste					
<input type="checkbox"/> Animal Carcasses			<input type="checkbox"/> Demolition Waste			<input type="checkbox"/> Scrap Metal					
<input type="checkbox"/> Asbestos, friable			<input type="checkbox"/> Fossil Fuel Combustion Products			<input type="checkbox"/> Single Stream Recyclables					
<input type="checkbox"/> Asbestos, non-friable			<input type="checkbox"/> Household Hazardous Waste			<input type="checkbox"/> Sludge, industrial					
<input type="checkbox"/> Ash, non CCB/FFCP			<input type="checkbox"/> Household Waste			<input type="checkbox"/> Sludge, POTW					
<input type="checkbox"/> Commercial Waste			<input type="checkbox"/> Industrial Waste			<input type="checkbox"/> Vegetative Waste					
<input type="checkbox"/> Construction Waste			<input type="checkbox"/> Institutional Waste			<input type="checkbox"/> Waste Tires, Storage: cy					
<input type="checkbox"/> Contaminated Soil			<input type="checkbox"/> Liquid Waste			<input type="checkbox"/> White Goods					
<input type="checkbox"/> Other Wastes, please list:											
C. Wastewater/Leachate Management (check all that apply)											
<input type="checkbox"/> Discharged directly to WWTP					<input type="checkbox"/> Transported by vehicle to offsite WWTP						
<input type="checkbox"/> Treated onsite and discharged					<input type="checkbox"/> Other, please specify:						

### III. PBR APPLICATION ATTACHMENTS

The following items shall be provided as an attachment to this form, and will constitute the facility's Permit-by-Rule Application. Please indicate whether each item is 'provided' or 'not applicable' to the proposed facility or facility modification.	Provided	N/A
A. Notice of Intent	<input type="checkbox"/>	<input type="checkbox"/>
1. Area and Site Location Maps	<input type="checkbox"/>	<input type="checkbox"/>
2. Disclosure Statement, DEQ Forms DISC-01 and DISC-02	<input type="checkbox"/>	<input type="checkbox"/>
3. Local Government Certification and Solid Waste Management Plan Consistency Certification, DEQ Form SW-11-1	<input type="checkbox"/>	<input type="checkbox"/>
B. Certification of Siting Standards, 9 VAC 20-81-320	<input type="checkbox"/>	<input type="checkbox"/>
C. Certification of Operations Manual meeting standards of 9 VAC 20-81-340	<input type="checkbox"/>	<input type="checkbox"/>
D. P.E. Certification of Design/Construction Standards, 9 VAC 20-81-330	<input type="checkbox"/>	<input type="checkbox"/>
E. P.E. Certification of Closure Plan meeting standards of 9 VAC 20-81-360	<input type="checkbox"/>	<input type="checkbox"/>
F. Demonstration of legal control over the site	<input type="checkbox"/>	<input type="checkbox"/>
G. State Corporation Commission Certification	<input type="checkbox"/>	<input type="checkbox"/>
H. Closure Cost Estimate and Proof of Financial Assurance	<input type="checkbox"/>	<input type="checkbox"/>
I. Public Participation Summary	<input type="checkbox"/>	<input type="checkbox"/>
J. Copies of other DEQ Media Permits (Air, VPDES, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
K. For facilities engaged in reclamation of petroleum-contaminated materials, a description of how the requirements of 9VAC20-81-660 will be met	<input type="checkbox"/>	<input type="checkbox"/>
L. Permit Fee specified under 9 VAC 20-90	<input type="checkbox"/>	<input type="checkbox"/>
M. Variance Petition in accordance with 9 VAC 20-81-760 If provided, please indicate the regulatory citation for variance:	<input type="checkbox"/>	<input type="checkbox"/>

### IV. RESPONSIBLE OFFICIAL SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete.	
Name:	Title:
Signature:	Date:

## **Instructions for Completing DEQ Form SW PBR**

DEQ Form SW PBR is required for all applicants seeking a Permit-by-Rule or those seeking a Permit-by-Rule modification under 9 VAC 20-81-410. This form is not suitable for facilities seeking a Permit-by-Rule or Permit-by-Rule modification under Regulated Medical Waste Management Regulations (9 VAC 20-120) or Transportation of Solid and Medical Wastes on State Waters regulation (9 VAC 20-170). These instructions are designed to assist solid waste management facilities with the completion of this form. The descriptions below are listed in the order as they appear on DEQ Form SW PBR.

### **New Facility vs. PBR Modification:**

Check only one box. Check 'New Facility' box if this application is for a new facility, i.e. one that has not previously been assigned a Permit-by-Rule number. Check 'PBR Modification' box if this application is for a PBR modification, as defined under 9 VAC 20-81-410.A.6.

## **I. FACILITY INFORMATION**

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### **A. Facility Location**

**Permit No. PBR:** If the application is for a new facility, leave this box blank. DEQ will assign a number to the facility. If the application is for a PBR Modification, please indicate the PBR number assigned to the facility.

**Facility Name:** Enter the name of the facility as it should appear or as it currently appears on the existing PBR.

**Address, City, State, and Zip:** Provide the street address of the facility's physical location (may be Rural Route/Box No. if 911 address is not available).

**Latitude/Longitude:** Provide coordinates in degrees-minutes-seconds indicating the facility's location.

### **B. Facility Contact**

**Contact Name, Title, Phone Number, and Email:** Provide contact information for the person responsible for preparing the permit application. This person should be associated with the facility named. DEQ will consider the person listed as the main contact for correspondence relating to the permit application.

**Owner Name, Address, and Phone:** Provide name, address, and phone number of the legal owner of facility. Owner listed shall match SCC documentation provided with the NOI, if applicable.

**Operator Name, Address, and Phone:** Provide name, address, and phone number of the operator of facility, if different from the owner. Operator listed shall match SCC documentation provided with the NOI, if applicable.

## **II. OPERATIONAL INFORMATION**

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### **A. Facility Type and Capacity**

**Facility Type:** Check the appropriate box(es) for the type(s) of solid waste management facilities to be covered by this Permit-by-Rule. For compost facilities, also indicate whether the compost operation will employ the Type A or Type B compost method and indicate which feedstocks will be composted. This will satisfy the requirement for additional information required of compost facilities under 9 VAC 20-81-410.A.2.j.(1).

**Total Property Acreage:** Provide the total property acreage owned by the Owner listed where the facility is located.

**Facility Boundary:** Indicate the area of the property where the permit-by-rule activity will occur (i.e. solid waste processing and storage activities). This measurement should be provided in square feet or acres.

**Process Rate:** Indicate the maximum rate of waste acceptance in tons/day for the facility. This rate is limited by the capabilities of equipment, personnel, and infrastructure.

**Storage Capacity:**

*Solid waste:* This value should represent the maximum expected quantity of incoming solid waste to be stored prior to processing and maximum expected quantity of solid waste to be stored after completion of waste management activities. If solid waste will not be stored at the end of the working day, then the solid waste storage capacity should be zero.

*Recovered Material:* For facilities involved in material recovery, this value should represent the maximum expected quantity of recovered materials that will be stored prior to sending off-site for further treatment, disposal, or storage elsewhere.

**Hours of Operation:** Specify the facility's hours of operation for all days of the week.

**B. Types of Wastes to be Accepted:**

Mark all wastes that the facility anticipates accepting for management on site. Definitions for each waste type can be found in the Virginia Solid Waste Management Regulations (9 VAC 20-81). This section can be skipped for compost facilities since the feedstock categories were noted in the Facility Type box.

For facilities that will accept waste tires, indicate the maximum amount of waste tires that can be stored on site.

**C. Wastewater/Leachate Management**

Check all applicable wastewater / leachate management options.

**III. PBR APPLICATION ATTACHMENTS**

This list acts as a checklist for the Permit-by-Rule application. Please indicate whether the attachment is provided with the application. There are instances where some of the PBR application attachments are not applicable to a proposed facility. In these instances, please mark 'N/A.' Details on each of the attachments can be found in the DEQ Submission Instructions and 9 VAC 20-81-410.A.

If a Variance Petition is included with the application, indicate the regulatory citation for each variance requested.

**IV. RESPONSIBLE OFFICIAL SIGNATURE**

This form must be signed by a responsible official. A responsible official is defined in the Virginia Solid Waste Management Regulations (9 VAC 20-81-10) as:

- “1. For a business entity, such as a corporation, association, limited liability company, or cooperative: a duly authorized representative of such business entity if the representative is responsible for the overall operation of one or more operating facilities applying for or subject to a permit. The authority to sign documents must be assigned or delegated to such representative in accordance with procedures of the business entity;
2. For a partnership or sole proprietorship: a general partner or the proprietor, respectively; or
3. For a municipality, state, federal, or other public agency: a duly authorized representative of the locality if the representative is responsible for the overall operation of one or more operating facilities applying for or subject to a permit. The authority to sign documents must be assigned or delegated to such representative in accordance with procedures of the locality.”